

Contractor License

License Number: BUS2005-06344
CLASSB - Class B Building Contractor

License Expires: 12/31/2026

License Holder Information:

The Best Home Guys Holding Co
2969 West 13th Street North
WICHITA, KS 67203

License Valid: 12/10/2024 thru 12/31/2026

Renewal Date: 9/1/2026

Phone & Email Information:

(316)712-6060
hello@harmonyks.com

Our legal name is:
The Best Home Guys Holding Co

We do business as:

[Harmony Home Concepts](#), [The Best Home Guys](#),
[Slide Out Shelf Solutions](#) and [Creative Closet Concepts](#)

State Registration Number: N/A

IVR / Tellus Access: 5756

Portal Access: 06344

Fees Paid

<u>Receipt Number</u>	<u>Date Paid</u>	<u>Fee</u>	<u>Amount Paid</u>
297294	12/10/2024	Class B License	\$600.00

Wichita-Sedgwick County Unified Building and Trade Code

Sec. 2.1.070 - Class B Building License.

Contractor's license, class B building, shall entitle the holder thereof to contract for and to perform any act as a contractor, as defined in Section 2.1.010 of this Code, limited to the erection, addition to, remodeling and wrecking of commercial buildings and single or multiple dwelling residential buildings, not exceeding three stories in height, and nonstructural remodels to commercial buildings exceeding three stories in height.



**Metropolitan
Area Building
& Construction
Department**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Fee Insurance Group, Inc. 2920 N. Plum St Hutchinson, KS 67502
CONTACT NAME: Jacklyn Pleitez
PHONE: (620) 259-8833
FAX: (620) 662-5415
E-MAIL ADDRESS: certs@feeinsurance.com
INSURER(S) AFFORDING COVERAGE: Employers Mutual Casualty Company (21415), Accident Fund Insurance Company of America (10166)

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

Table with 8 columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers' Compensation - Excluded Individuals: Phil Davis & Shelley Davis

CERTIFICATE HOLDER CANCELLATION

FOR INFORMATION ONLY FOR INFORMATION ONLY FOR INFORMATION ONLY FOR INFORMATION ONLY FOR INFORMATION ONLY
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE (signature)